FEE TRANSMITTAL [MAIL STOP L&R]			Complete If Known					
			Application No.			10/533,135		
			Filing Date			April 29, 2005		
			First Named Inventor			Rob VAN DER GIESSEN et al.		
			Examiner Name			Melenie Lee McCORMICK		
			Group Art Unit			1655		
Total Amount Of Payment (\$) 200.00			Attorney Docket No.			066511.0111		
METHOD OF PAYMENT (check one)			FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 02-0375			3. ADDITIONAL FEES					
			Fee Description				Fe	ee Paid
in the name of Baker Botts L.L.P.			☐ Surcharge - late filing fee or oath			\$		
			Surcharge - late provisional filing fee or \$ cover sheet					
Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account No. 02-0375.			☐ Extension for reply with month				\$	
			□ Notice of Appeal				\$	
			☐ Filing Brief in Support of Appeal				\$	
2. Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 02-0375 in the name of Baker Botts L.L.P, The Warner, Suite 1300, 1299 Pennsylvania			☐ Request for Oral Hearing				\$	
			☐ Utility Issue Fee (or reissue)				\$	
			☐ Design Issue Fee				\$	
			Plant Issue Fee				\$	
			Petitions to Comm'r (37 CFR 1.17(g))				\$	200.00
Avenue, N.W., Washington, D.C. 20004-2400.			Petition to Revive (unavoidable)				\$	
FEE CALCULATION			□ Petition to Revive (unintentional) □ Petitions Related to Provisional				\$	
1. BASIC FILING FEE			Applications					
			□ Submission of Information Disclosure \$ Statement					
Utility Filing Fee \$ Design Filing Fee \$ Plant Filing Fee \$			Filing Submission After Final Rejection \$					
			☐ Recordation of Assignment Document				\$	
			☐ Filing Request for Reexamination \$					
Reissue Filing Fee \$			Other (specify) Utility Search and \$					
Provisional Filing Fee \$ Examination Fees 2. EXTRA CLAIMS FEES								
CLAIMS AS AMENDED								
	Highest Num	her		Ra		te		
For Number Prese			Extra	Large Entity		Small Entity	Amount	
TOTAL CLAIMS	20		0	x \$ 50.	.00	x \$ 25.00	\$0.00)
INDEPENDENT CLAIMS 3			0	x \$ 200.00		x \$ 100.00	\$0.00	
MULTIPLE DEPENDENT CLAIMS			\$ 360.00			\$ 180.00	\$0.00	
TOTAL EXTRA GLAIMS FEES					\$0.00			
SUBMITTED BY				Complete (if appli			applic	able)
Typed or Printed Name James D (rpin					Regis	stration No.		33,470
Signature Date Oct				2006	Depo	osit Account User ID		02-0375